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## **PARENTAL REFUSAL OF A DIAGNOSTIC HEARING ASSESSMENT**

Dear Parent:

Congratulations on the birth of your baby! You have indicated an objection to a diagnostic hearing assessment (test) being performed on your infant/child. We want to ensure you understand some facts prior to signing this refusal form.

First, the hearing test would not hurt your baby. Most babies sleep through the test when they are less than three months old.

Second, hearing loss is the most commonly occurring disability in infants. Hearing loss occurs in approximately three babies out of every 1,000 born in the United States. Half of all babies born with hearing loss have no risk factors for hearing loss, such as family history. It is not possible to predict which babies will have a hearing loss and some babies with a hearing loss may still respond to some sounds.

Third, if your baby does have a hearing loss, it is important to know about it as soon as possible. The Joint Committee on Infant Hearing recommends infants be diagnosed no later than three months of age with a hearing loss to achieve the best possible outcomes. Adequate hearing is important for your child to learn normal speech, language, and other developmental skills. A delay in identifying hearing loss leads to delays in a child's ability to talk and communicate. Early detection of hearing loss and enrollment in early intervention before six months of age has been demonstrated to be highly effective in facilitating a child's language and communication development.

Finally, you should not rely on your own ability to determine whether your baby has hearing loss. Reliance on parental recognition to detect hearing loss has not been successful, as over 50 % of newborns and children with hearing loss go undetected until the age of two and a half. Your refusal to allow your baby to receive a diagnostic assessment for hearing loss could have significant consequences for your baby's future development.

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I, \_\_\_\_\_ [parent/legal guardian full name], am refusing to allow any audiologist to conduct a diagnostic assessment on \_\_\_\_\_ [baby's full name], a baby born on \_\_\_\_\_ [date of birth].

I have been told about the importance of having my baby's hearing tested. I have read and fully understand the above facts. I will make arrangements with my baby's doctor or audiologist if I want to have my baby's hearing tested at a later time.

I hereby release, waive, discharge, and covenant not to sue the Iowa Department of Public Health, and the state of Iowa, and all employees, officials, staff, and agents of any of these entities for any liability, claim, and/or cause of action arising out of my refusal to allow my infant or child to receive a diagnostic assessment or arising out of any loss, damage, injury, or illness that occurs as a result of the fact that my infant or child did not receive a diagnostic hearing assessment.

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Print Full Name of Parent/Legal Guardian

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Date

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Signature of Parent/Legal Guardian

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Date

A COPY TO BE FORWARDED TO THE IOWA DEPARTMENT OF PUBLIC HEALTH STATE EHDI COORDINATOR  
IMMEDIATELY UPON REFUSAL OF THE DIAGNOSTIC HEARING ASSESSMENT.